## FEC FORM 1

## STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

O9 APR -7 PM 12: 01

(See instructions)

Office use only

						_1		
1.	NAME OF COMMITTEE (in full)		(Check if name is changed)	Examp over th	le: If typying, type e lines	12FE4M5		
Lı	Mark Pryor for US Se	nate						
L	111111				1.1 1 1 1 1	1 1 1 1 1		
, ADO	DRESS (number and street)	Post	Office Box 2720	) [		1111		لب
П	(Check if address			1.1 1.1				أحلحا
is changed)		Little	Rock			AR	72203	
				CITY		STATE ▲	ZIP CODE 🔺	
CO	MMITTEE'S E-MAIL ADDRI				ss)			
	(Check if address is changed)	pryor	forsenate@aol.	com LL_L_	11111	<del></del>		لبيا
· <del></del> :	·		1 1 1 1 1		111111	1 1 1 1 1		
: 	MMITTEE'S WEB PAGE AU	DBESS (UE	RI Y		•			
			/ /www.pryor2008	B.com		·		
	(Check if address is changed)	j			<del></del>	<del>                                     </del>	<u> </u>	
						<del></del>		
, 2.	DATE 0,4 / D	0 2 Y	,2°0,0°9, °		20404			
	recidentification No	INIDEN	<u>['</u>	C C0036	06401			٠.
4.	IS THIS STATEMENT	NEW	(N) OR	Ø	AMENDED (A)			
l cer	tify that I have examined this S	tatement and	to the best of my know	wledge and b	elief it is true, correct a	and complete		
: Тур	e or Print Name of Treasure	R	andy Massanell	07		7		
Sigr	ASSA, nature of Treasurer Electr	Sand onically File	J Masana			Date 0,4	02 / 20	ŏ9
NOT	TE: Submission of false, errone		-		person signing this Stat LD BE REPORTED	•	-	
	Office Use . Only			Fe	or further information deral Election Commis ill Free 800-424-9530 deal 202-694-1100		FEC FORM 1 (Revised 02/2009)	

	F	EC F	orm 1 (Revised 02/2009)	Page 2
5.	TYPE	OF CO	MMITTEE (Check One)	
	Candid	date Co	emmittee:	
	(a)	Х	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
	Name Candid		Mark L Pryor	
	Candid Party A	date Affiliatio	n DEM Office X Senate President	State AR District 00
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candid	_		11111
	Party C	Commi		
	(d)			(Democratic, Republican,etc.) Party.
	Politica	al Actio	on Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:
		_	Corporation Corporation w/o Capital Stock Lab	or Organization
			Membership Organization Trade Association Cod	operative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregal committee. (i.e., nonconnected committee)	ed fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	loint Eu	ındraic	ing Representative:	
	(g)	<b>,</b>	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	(h)	· [	his committee collects contributions, pays fundraising expenses and disburses net proceeds for two ommittees/organizations, none of which is an authorized committee of a federal candidate.	or more political
		Comm	ittees Participating in Joint Fundraiser	
			1.         FEC ID number C	
			2. FEC ID number	
			3. I I I I I I I I I I I I I I I I I I I	
			4.   1   1   1   1   1   1   1   1   1	

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Write or Type Committee Na			
Mark Pryor for US Se	enate		
S. Name of Any Connected	d Organization, Affiliated Committee, Joint F	Fundraising Representative, or Le	adership PAC Sponsor
<u>   1                                 </u>	<u> </u>	<u> </u>	<u> </u>
<u>.                                      </u>	1111111111	<u> </u>	<u> </u>
Mailing Address			11111
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		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	CITY▲	STATE 🛕	ZIP CODE
Relationship:  Connected Organiza	tion Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
Fuli Name Ran	dy Massanelli Post Office Box 2720		
Fuli Name			72203 _
Fuli Name	Post Office Box 2720		
Full Name	Post Office Box 2720  Little Rock	AR	72203 _
Full Name  Mailing Address  Title or Position ▼  Campai  Treasurer: List the name	Post Office Box 2720  Little Rock  CITY A	AR STATE A Telephone number 501 hal) of the treasurer of the comm	72203 _ ZIP CODE A - 590 - 0804
Full Name  Mailing Address  Title or Position ▼  Campai  Treasurer: List the name and address of a	Post Office Box 2720  Little Rock  CITY ▲  ign Manager  me and address (phone number option	AR STATE A Telephone number 501 hal) of the treasurer of the comm	72203 _ ZIP CODE A - 590 - 0804
Title or Position  Campai  Treasurer: List the nan name and address of a	Little Rock  CITY A  ign Manager  me and address (phone number option any designated agent (e.g., assistant treater)	AR STATE A Telephone number 501 nal) of the treasurer of the commasurer).	72203 _ ZIP CODE 1 - 590 - 0804
Title or Position  Campai  Treasurer: List the nan name and address of a Full Name of Treasurer Kev	Little Rock  CITY A  ign Manager  me and address (phone number option any designated agent (e.g., assistant treation Kennedy	AR STATE A Telephone number 501 nal) of the treasurer of the commasurer).	72203 _ ZIP CODE A - 590 - 0804
Full Name  Mailing Address  Title or Position ▼  Campai  Campai  Treasurer: List the name and address of a Full Name of Treasurer  Kev	Little Rock  CITY A  ign Manager  me and address (phone number option any designated agent (e.g., assistant treatin Kennedy  Post Office Box 2720	AR STATE A Telephone number 501 hal) of the treasurer of the commasurer).	72203 _ ZIP CODE A - 590 - 0804 hittee; and the

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TEG TOMET (NEVE	sed 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Randy Massanelli		
Mailing Address	Post Office Box 2720		
	Little Rock	AR	72203 –
Title or Position ♥	CITY	STATE A	ZIP CODE A
Assista	ant Treasurer	Telephone number 501	
egipty denneit haves at m	agintaine funde		
safety deposit boxes or m Name of Bank, Depositor	ry, etc. ne Banc		1
Name of Bank, Depositor	ry, etc.	<del>                                     </del>	
Name of Bank, Depositor	ne Banc Post Office Box 34113	<u>, , , , , , , , , , , , , , , , , , , </u>	
Name of Bank, Depositor	ne Banc Post Office Box 34113		72203
Name of Bank, Depositor	Post Office Box 34113		
Name of Bank, Depositor	Post Office Box 34113  Little Rock  CITY Δ	AR [	72203
Name of Bank, Depositor  Mailing Address  Name of Bank, Depositor	Post Office Box 34113  Little Rock  CITY   y, etc.  rst National Bank of Crossett	AR [	72203
Name of Bank, Depositor  Mailing Address  Name of Bank, Depositor	Post Office Box 34113  Little Rock  CITY   y, etc.  rst National Bank of Crossett	AR [	72203
Name of Bank, Depositor  On  Mailing Address  Name of Bank, Depositor  Fir	Post Office Box 34113  Little Rock  CITY   y, etc.  rst National Bank of Crossett	AR [	72203
Name of Bank, Depositor  On  Mailing Address  Name of Bank, Depositor  Fir	Post Office Box 34113  Little Rock  CITY   y, etc.  rst National Bank of Crossett	AR [	72203

[ ADDITIONAL ]

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FEC ID number

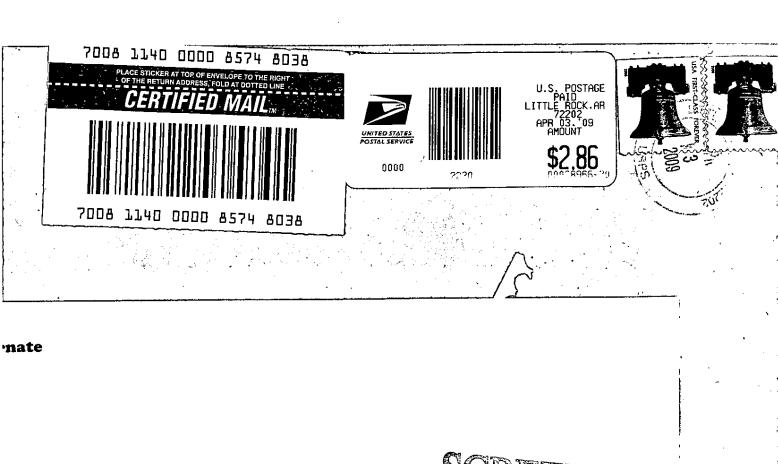
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Joint Fundraiser Participant

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	d 02/2009)		Page 8
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository, First	intains funds.	ommittee deposits funds, I	olds accounts, rents
Mailing Address	PO Box 17770		<u> </u>
	Little Rock	AR	72222
	CITY A	STATE 4	ZIP CODE 🛕
Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising	Representative, or Leade	[ ADDITIONAL ership PAC Sponsor
		1 1 1 1 1 1 1 1	<u></u>
Mailing Address		111111	1 1 1 1 1 1
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			<del>                                     </del>
ationship:	СПУ	STATE ▲	ZIP CODE
ationship: Connected Organization			ZIP CODE ▲  dership PAC Sponsor
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Connected Organization	спу≰		dership PAC Sponsor
Connected Organization  Designated Agent	спу≰		dership PAC Sponsor
Connected Organization  Designated Agent  Full Name	спу≰		dership PAC Sponsor
Connected Organization  Designated Agent  Full Name	спу≰		dership PAC Sponsor
Connected Organization  Designated Agent  Full Name	спу≰		dership PAC Sponsor
Connected Organization  Designated Agent  Full Name  Mailing Address	CITY▲  Affiliated Committee  Joint Fundraising	Representative Lea	dership PAC Sponsor  [ ADDITIONAL ]



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E COMMITTEE, PHIL HERRINGTON, TREASURER

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PAMELA B. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7118 PHONE: {202} 224-0322

## United States Senate

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